

MDR Tracking Number: M5-03-1138-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-6-03.

The IRO reviewed chiropractic treatment rendered from 7-17-02 to 10-30-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 24, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-30-02 9-3-02	99213	\$50.00	\$0.00	No EOB	\$48.00	Insurance Carrier's Response	The insurance carrier submitted EOBs to support that services were paid; therefore, a dispute no longer exists and further action by the Medical Review Division is no longer necessary.
9-10-02 9-12-02	97032	\$25.00	\$0.00	No EOB	\$22.00		
9-13-02	97010	\$25.00	\$0.00	No EOB	\$11.00		
	97110 (X2)	\$70.00	\$0.00	No EOB	\$35.00 / 15 min		
8-30-02 9-3-02	97035	\$30.00	\$0.00	No EOB	\$22.00		

This Decision is hereby issued this 15th day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

March 18, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was performed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient was injured on her job while stacking bundles of boxes and while bending down, she had an immediate onset of low back pain and eventually pain in the neck. She went to ___ shortly after the injury and began getting treatment for her injuries to include active and passive modalities as well as chiropractic manipulative therapy. Myelogram of the lumbar spine was largely negative, but a post-myelogram CT did indicate that there was a mild protrusion at L4/5 and L5/S1. There was MRI of the cervical spine on July 23, 2002 which gave protrusions at C2/3, C3/4, C4/5 and C5/6, but no significant herniation was listed. On the same date there was a lumbar MRI that was largely negative. The patient was seen by ___ on December 5, 2001 and he found that she was not at MMI. This examination was performed at the request of the treating doctor. She underwent a hemilaminectomy on March 11, 2002, performed by ___. On August 23, 2002, ___ was assigned as the designated doctor and he found the patient at MMI with 15% impairment.

DISPUTED SERVICES

The carrier has denied office visits and physical medicine from July 17, 2002 through October 30, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

While this patient was a candidate for surgery, the services rendered cannot be validated due to the fact that the treating doctor did not submit documentation for the office visits and the services which were performed during those visits. The office visits and the physical medicine rendered on this case cannot be validated due to a lack of progress notes. There were very extensive notes on the services rendered by all other providers, but no SOAP notes on daily care. As a result, the care was not found to be reasonable under the circumstances.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,